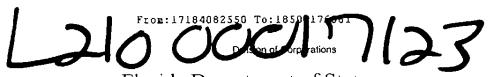
1/21/2021



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC. Account Number : 120130000019

: 120130000019 : (718)362-4789

Fax Number

: (718)362-4789 : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ajoudai@affinityhealthmanagement.com

FLORIDA LIMITED LIABILITY CO.

Continuum Care of Pinellas County LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help DO'KEEFF JAN 22 2021 From: 17184082550 To: 18506176381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Continuum Care of Pincllas County LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7771 W. Oakland Park Blvd., Suite 150	2302 Quentin Road
Sunrise, FL 33351-6705	Brooklyn, NY 11229

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Samuel Stern		
	Name	
7771 W. Oakland P.	ark Blvd., Suite 150	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Sunrisc	FL	33351-6705
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/S/ Samuel Stern

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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<u> itle:</u>		Name and Address:
	thorized Member	
MGR" = Man	ager	Connection
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		Sunrise, FL 33351-6705
		Sullitise, 11, 33331-0703
		
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